

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| AS FILED | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | |
|----------|---------------------|-----|---------------------|-----|-----|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | | | |
| 3 | 2 | | | | | |
| 4 | 2 | | 2 | 1 | | |
| 5 | 2 | | 2 | | | |
| 6 | 2 | | 2 | | 2 | |
| 7 | 2 | | | | | |
| 8 | 2 | | 2 | 1 | | |
| 9 | 2 | | 2 | | 2 | |
| 10 | 2 | | | | | |
| 11 | 2 | | 2 | | 2 | |
| 12 | 2 | | 2 | 1 | | |
| 13 | 2 | | 2 | | 2 | |
| 14 | 2 | | 2 | | 2 | |
| 15 | 2 | | 2 | | 2 | |
| 16 | 1 | | | | | |
| 17 | 1 | | | | | |
| 18 | 2 | | | | | |
| 19 | 2 | | | | | |
| 20 | 2 | | | | | |
| 21 | 2 | | | | | |
| 22 | 2 | | | | | |
| 23 | 2 | | | | | |
| 24 | 2 | | | | | |
| 25 | 2 | | | | | |
| 26 | 2 | | | | | |
| 27 | 2 | | | | | |
| 28 | | | 1 | | | |
| 29 | | | | 1 | | |
| 30 | | | | 1 | | |
| 31 | | | | 1 | | |
| 32 | | | | 1 | | |
| 33 | | | | 1 | | |
| 34 | | | | 1 | | |
| 35 | | | | 1 | | |
| 36 | | | | | | |
| 37 | | | | | | |
| 38 | | | | | | |
| 39 | | | | | | |
| 40 | | | | | | |
| 41 | | | | | | |
| 42 | | | | | | |
| 43 | | | | | | |
| 44 | | | | | | |
| 45 | | | | | | |
| 46 | | | | | | |
| 47 | | | | | | |
| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |

TOTAL IND.

148

↓

148

↓

148

TOTAL
DEP.

50

↓

50

↓

50

↓

50

↓

50

↓

50

↓

50

↓

50

TOTAL IND.

100

↓

100

↓

100

↓

100

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100

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100

↓

100

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100

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100

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100